

001,007

DEC 17 2004

STUDY GUIDE

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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Patent Number	US 6,803,007 B2
	Issue Date	October 12, 2004
	First Named Inventor	Mario Meggian
	Application Number	10/073,407
	Filing Date	February 13, 2002
Total Number of Pages in This Submission	1	
	Attorney Docket Number	CAM3-PT040

ENCLOSURES *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Cert of Corr and Form PTO/SB/44.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	
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7 PAGES SENT VIA FACSIMILE TO 703-872-9306. PLEASE IMMEDIATELY DELIVER TO EXAMINER STEFAN STAICOVICI, GROUP ART UNIT 1732.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VOLPE AND KOENIG, P.C.		
Signature			
Printed name	Dimitri P. Dovas		
Date	12-17-04	Reg. No.	51,627

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being sent Via Facsimile (703-872-9306) addressed to: Examiner Stefan Staicovici, Group Art Unit 1732, on the date shown below:

Signature			
Typed or printed name	Dimitri P. Dovas	Date	12-17-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/03/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 42-8).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/073,407
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 13, 2002
TOTAL AMOUNT OF PAYMENT (\$ 100.00)		First Named Inventor	Mario Meggiclan
		Examiner Name	Stefan Staicovici
		Art Unit	1732
		Attorney Docket No.	CAM3-PT040

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
-	=	x	= 0.00		
HP = highest number of total claims paid for, if greater than 20					

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
-	=	x	= 0.00		
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

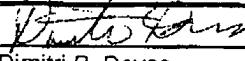
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	= 0.00	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Certificate of Correction 100.00**SUBMITTED BY**

Signature		Registration No. 51,627 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	Dimitri P. Dovas	Date 12-17-2004	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CENTRAL FAX CENTER****DEC 17 2004****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In the **PATENT** of:

Mario Meggiolan

Patent No.: US 6,803,007 B2**Issued:** October 12, 2004**Appln. No.:** 10/073,407**Filed:** February 13, 2002

For: METHOD FOR PRODUCING A
 CONNECTOR ELEMENT FOR
 CONNECTING FRAME PARTS AT A JOINT
 LOCATION IN A BICYCLE FRAMEWORK
 AND CONNECTOR ELEMENT OBTAINED
 THEREBY

Our File: CAM3-PT040

Date: December 17, 2004

REQUEST FOR CERTIFICATE OF CORRECTION

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

A Certificate of Correction under 35 U.S.C. §§ 254, 255 and 37 C.F.R. §§ 1.322, 1.323 is requested for U.S. Patent No. 6,803,007 B2. Correction of the following errors is requested.

12/20/2004 AWONDAF1 00000092 6803007

01 FC:1811

100.00 OP

IN THE SPECIFICATION

At column 2, line 15, after the first instance of the word "hours", delete "from 30 minutes to three hours".

**Patentee: Mario Meggiolan
Patent No.: US 6,803,007 B2**

IN THE CLAIMS

In claim 9, column 6, line 24, after the word "exceeding", delete " $15 \times 10^{-5} \text{ mm}/^\circ\text{C}$." and insert therefor $-15 \times 10^{-5} \text{ mm}/^\circ\text{C}$.

In claim 20, column 6, line 64, after the word "additional", delete "stripe" and insert therefor --strips--.

REMARKS

Patentee believes that the above errors are of such a nature as to justify the issuance of a Certificate of Correction. Patentee has enclosed a completed Certificate of Correction Form PTO/SB/44.

Since at least one of the errors was caused by Applicant, payment of the surcharge fee of \$100.00 (Form PTO-2038) is enclosed.

Patentee respectfully requests that the Certificate of Correction be issued.

Patentee: Mario Meggiolan
Patent No.: US 6,803,007 B2

Respectfully submitted,

Mario Meggiolan

By 
Dimitri P. Dovas
Registration No. 51,627
(215) 568-6400

Volpe and Koenig, P.C.
United Plaza, Suite 1600
30 South 17th Street
Philadelphia, PA 19103

DPD/WCP

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DEC 17 2004

PTO-6844 (04-04)

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UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION Page 1 of 1

PATENT NO.: US 6,803,007 B2

DATED: October 12, 2004

INVENTOR(S): Mario Meggiolan

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

IN THE SPECIFICATION

At column 2, line 15, after the first instance of the word "hours", delete "from 30 minutes to three hours".

IN THE CLAIMS

In claim 9, column 6, line 24, after the word "exceeding", delete " 15×10^{-5} mm/ $^{\circ}$ C." and insert therefor -15×10^{-5} mm/ $^{\circ}$ C -.

In claim 20, column 6, line 64, after the word "additional", delete "stripe" and insert therefor --strips--.

MAILING ADDRESS OF SENDER:

PATENT NO.

US 6,803,007 B2

Volpe and Koenig, P.C.
United Plaza, Suite 1600
30 South 17th Street
Philadelphia, PA 19103

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